



**COMPARISON OF EFFECTS OF PERSICA AND CHLORHEXIDINE GLUCONATE
MOUTHWASHES ON GINGIVITIS AND PLAQUE FORMATION: AN ANIMAL STUDY**

Pejman Shamshiry¹, Nastaran Donyadide²

¹Small animals Veterinarian and Surgeon , Dentistry Student of School of Dentistry , Shahid Sadoughi University of Medical Sciences, Yazd, Iran

²Postgraduate Student, Department of Oral Medicine. School of Dentistry ,Shahid Sadoughi University of Medical Sciences, Yazd ,Iran. Corresponding author: Email: n.donyadide@gmail.com, Phone number: +98 915 315 2092

ABSTRACT: Background: The efficacy of Persica mouthwash and chlorhexidine gluconate mouthwash in prevention of gingivitis and plaque formation was compared. Materials and Methods: A total of 60 randomly selected dogs visited in the Dr.Shamshiry Veterinary Clinic were considered for the study. The dogs divided into three groups of 20 subjects each one. Researchers applied Persica to group one, chlorhexidine gluconate mouthwash 0.2% to group two and finally in the control group, normal saline were used. The gingival index (GI) by Loe and Silness was recorded which was followed by Turesky- Gilmore-Glickman modification of Quigley Hein plaque index (TQHPI) on 0, 14 and 21 days. Results: Chlorhexidine and Persica showed a significant reduction in Plaque and gingival index scores from baseline to 14 and 21 days. However, the improvement in plaque and gingival index scores in chlorhexidine group was better than Persica. Conclusion: Herbal mouthwash of Persica was effective in reducing plaque accumulation and gingival inflammation and had no adverse effects, but Chlorhexidine still remains a gold standard.

Keywords: Chlorhexidine, Gingivitis, Mouthwash, Persica.

INTRODUCTION

Plaque-induced gingivitis continues to be a major dental and health problem (1-5)

Periodontal diseases are among the most common infectious diseases and can lead to destruction of the periodontal ligament, cementum, gingiva and alveolar bone. Plaque is the primary etiological factor in gingival inflammation(6). Thus, control of dental plaque holds the key to halt the progression of periodontal disease. (7) The most effective method of prevention and maintenance of periodontal disease is mechanical as well as chemical plaque control.(8) Chemical inhibitors of plaque play an important role in plaque control.(9)A variety of approaches have been considered for chemical plaque control.(10) mouthwashes are a simple and widely accepted method to deliver the anti-microbial agents.

Various synthetic chemical agents have been evaluated over the years with respect to their antimicrobial effect in oral cavity. Among the mouthwashes, chlorhexidine is considered as the gold standard.(11) This cationic bis-biguanide is the best known and most widely used member of the class of broad-spectrum antiseptics .(10) But, it cannot be used for a long duration because it has many side-effects like altered taste sensation and staining of tongue, brown discoloration of teeth, oral mucosal ulcerations and paresthesia; unilateral/bilateral parotid swelling, and enhanced supra-gingival calculus formation.(12,13,14)

Patients are going away of modern day medicines, and they prefer using herbal preparations which are efficient without causing any side effects.(10)

Persica herbal mouthwash contains three medicinal plants, *Salvadora persica*, Yarrow and Mint, and the plants are in the formulation oral drop of Persica and do not have the side effect of chemical substances, and it is an

advantage for it.(11,15) World Health Organization (WHO) has also recommended miswak plant as an effective tool for oral health.(16) Several studies evaluated antibacterial and antifungal effect of Persica. (17,18,19,20,21) Various clinical studies on comparison between chlorhexidine and Persica on periodontal pathogens and tooth decay have been conducted.(16,22,23) but non of them compare gingivitis and plaque formation after use of Persica and chlorhexidine gluconate mouthwashes, so this study was designed for this aim.

MATERIALS AND METHODS

This randomized animal study was conducted on 60 dogs were visited at Dr. Shamshiry Veterinary Clinic in Esfahan, Iran during 2013-2014 . At the start of the study period, baseline recordings were made . Following data were recorded :

1. Loe and Sillness Gingival index (1963) Muhlemann and Son's Sulcus(24)
2. Bleeding index (1971) Sillness and Loe
3. Plaque index (25)

All recordings were made by the same examiner. The random-number table was used for randomization. The dogs were divided to 3 group. Each group contains 20 dogs. Group A subjects were sprayed with 5ml of chlorhexidine gluconate 2% mouthwash (The product of ShahreDaru Pharmaceutical Company, Tehran, Iran with license production number of 019-SH-72) twice daily for 1 minute . Group B were sprayed with 5ml of herbal mouthwash Persica 10% (Manufactured by Poursina Pharmaceutical Company with the registration number of: 1228013232, Iran) twice-a-day for 1 minute. . Group C sprayed with 5 ml of normal saline (as the experimental/herbal mouthwash was also used only 5 ml as a concentrate) twice-a-day for 1 minute.

This regimen for each group was followed for 21 days. Recordings were made at 14th day and 21st day for all the subjects and were compared to baseline. GI, PI and bleeding index scores were re-evaluated on the 14th day and 21st day for all the subjects day by the same investigator who was unaware of the mouthwash used by the subject.

Gathered data was analyzed using SPSS version 18, independent and paired t-test analysis, chi-square test and repeated measure analyze. In this survey P-value less than 0.05 considered significant.

RESULTS

The purpose of this study was to compare the effects of Persica and chlorhexidine gluconate mouthwashes on gingivitis and plaque formation.

The results showed that both chlorhexidine and Persica mouthwashes could reduce mean plaque accumulation from baseline to 21st day. The mean Plaque index scores reduced from 4.2 ± 0.5 to 2.34 ± 0.7 in chlorhexidine group and from 4.8 ± 0.64 to 3.2 ± 0.7 in the Persica group. But in normal saline group no significant change observed. (4.3 ± 0.7 to 4.5 ± 0.83)(Figure 1)

Analysis showed that chlorhexidine and Persica improved gingival scores from baseline to 14th day with further improvement on 21st day. The reduction in Gingival index scores in Chlorhexidine and Persica group was 3.0 ± 0.1 to 1.28 ± 0.3 and 2.8 ± 1.3 to 1.6 ± 0.5 (from baseline to 21st day) respectively. But in normal saline group significant change was not occurred. (2.7 ± 0.7 to 2.5 ± 0.64) (Figure 2).

Intergroup comparisons indicated that chlorhexidine was significantly more potent in reduction of plaque accumulation and gingivitis as compared to Persica.

Chlorhexidine and Persica could decrease bleeding sites. The mean percentage of bleeding sites decrease from $93.0 \pm 25\%$ to $61.2 \pm 31\%$ in chlorhexidine group and $92.6 \pm 59.23\%$ to $58.1 \pm 43.5\%$ in Persica group on 21st day. Again in normal saline group no significant changes was seen. (91.1 ± 48.23 to 89 ± 53.64)(Figure 3).

DISCUSSION

Periodontal disease is a major health problem. There is an increase in the use of mechanical and chemical plaque control agents to prevent periodontal disease. Various chemical mouthwashes are available but are associated with side-effects like immediate hypersensitivity reaction, toxicity, tooth staining, etc. Alternative medicines may be developed from medicinal plants as these plants contain natural phytochemicals, and hence, can replace synthetic drugs. (13,14,26)

The study was designed to determine the efficacy of herbal mouthwash, Persica, versus chlorhexidine mouthwash on gingival status and plaque biofilm accumulations over a period of 21 days. Chlorhexidine remains

the gold standard antiplaque and antigingivitis agents. Its effectiveness can be attributed to its bactericidal and bacteriostatic effects in the oral cavity. Numerous studies have reported the efficacy of chlorhexidine in reducing plaque accumulation and gingival inflammation. (27,28,29)

Persica has been shown to be effective in reducing bacterial count. (30,31)

Salehi and et`al s study showed that use of Persica can be helpful in orthodontics patients.(23) Paknezhad study indicated effectiveness of Persica on reducing pocket depth. (22)

Sofrata and colleagues understood Persica can increase PH of dental plaque and salivary flow of parotid glands so can reduce dental caries and the bacteria which have role in periodontal disease. (32,33)

Persica can prevent adhesion of bacteria to dental surface. (21,34,35)

In comparative study between Persica and chlorhexidine on human, it was demonstrated that chlorhexidine was highly efficacious in reducing bacterial count but Persica had less antibacterial effects. (22,36)

In our study Persica was effective on plaque index, gingival index and bleeding on probing but its effects were less than chlorhexidin.

Mozaffari and colleagues suggested in cases that use of chlorhexidin is contraindicated ,such as pregnant women ; Persica can be used, although it is less effective. (18).

CONCLUSION

Herbal mouthwash, Persica, can be used as an alternative to Chlorhexidine and can be prescribed for longer duration without any side effects for management of periodontal diseases.

APPENDIX

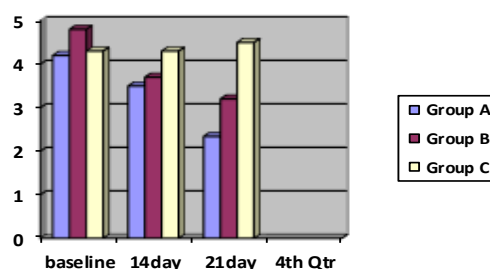


Figure 1: Plaque index scores in Chlorhexidine and Persica and Normal saline group

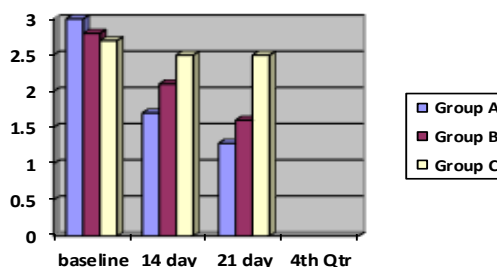


Figure 2: Gingival index scores in Chlorhexidine and Persica and Normal saline group

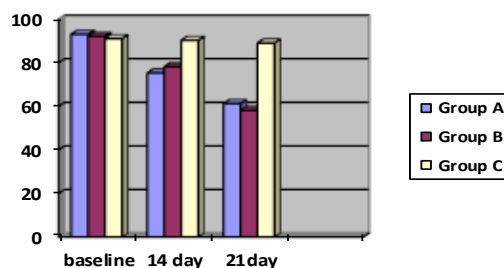


Figure 3: Mean percentage of bleeding sites in Chlorhexidine and Persica and Normal saline group

REFERENCES

- [1] Oliver RC, Brown LJ, Loe H. Periodontal diseases in the United States population. *J Periodontol* 1998;69:269-278.
- [2] Sheiham A, Netuveli GS. Periodontal diseases in Europe. *Periodontol* 2000 2002;29:104-121.
- [3] Lin HC, Schwarz E. Oral health and dental care in modern-day Chi-na. *Community Dent Oral Epidemiol* 2001;29:319-328.
- [4] Frenkel H, Harvey I, Newcombe RG. Oral health care among nursing homes residents in Avon. *Gerodontology* 2000;17:33-38.
- [5] Taani DS. Oral health in Jordan. *Int Dent J* 2004;54 (Suppl 1):395-400.
- [6] Loe H, Theilade E, Jensen SB. Experimental gingivitis in man. *J Periodontol*. 1965; 36:177-87.
- [7] Biswas G, Anup N, Acharya S, Kumawat H, Vishnani P, Tambi S. Evaluation of the Efficacy Of 0.2% Chlorhexidine versus Herbal Oral Rinse on Plaque Induced Gingivitis. *IOSR-JNHS*.2014; 3: 58-63
- [8] Botelho MA, BezerraFilho JG, Correa LL, Heukelbach J. Effect of a novel essential oil mouthrinse without alcohol on gingivitis: A double-blinded randomized controlled trial. *J Appl Oral Sci*. 2007;15:175-80
- [9] Perry DA. Plaque control for the periodontal patient. In: Newman MG, Takei HH, Klokkevold PR, Carranza FA, editors. *Carranza's Clinical Periodontology*. 10th ed. St. Louis, Missouri: Saunders; 2006. p. 728.
- [10] Mandel ID. Chemotherapeutic agents for controlling plaque and gingivitis. *J Clin Periodontol*.1988;15:488-98.
- [11] Darvishi Khezri H, Haidari Gorji MA, Heidari Gorji AM. Comparison of the anti-bacterial effects of matrica & Persica™ and chlorhexidine gluconate mouthwashes in mechanically ventilated ICU patients: a double blind randomized clinical trial. *Rev Chilena Infectol* 2013; 30 (4): 368-373.
- [12] Kumar GR, Devanand G, John BD, Ankit Y, Khursheed O, Sumit M. Preliminary Antiplaque Efficacy of Aloe Vera Mouthwash on 4 Day Plaque Re-Growth Model: Randomized Control Trial. *Ethiopian Journal of Health Sciences*.2014. Vol 24, No 2
- [13] Parwani S R, Parwani R N, Chitnis P J, Dadlani H P, Prasad S V S. Comparative evaluation of anti-plaque efficacy of herbal and 0.2% chlorhexidine gluconate mouthwash in a 4-day plaque re-growth study. *Journal of Indian Society of Periodontology*. 2013;17(1):72-77.
- [14] Flotra L, Gjermo P, Rolla G, Waerhaug J. Side effects of chlorhexidine mouthwashes. *Scand J Dent Res*.1971;79:119-25
- [15] Darbandi A, Nikfar F. Comparison between the two mouth rinses (Persica & antiseptic Irsha) on recurrent aphthous stomatitis. *J Dental School Shahid Beheshti University of Medical Sciences* 2007; 24 (4) Winter.
- [16] Al-lafi T, Ababneh H. The effect of the extract of the Meswak (chewing sticks) used in Jordan and the Middle East on oral bacteria. *Intern Dental J* 1995; 45 (3): 218-22.

- [17] Shahverdi A R, Iranshahi M, Mirjani R, Jamalifar H, Amin G, Shafiee A. Bioassay-guided isolation and identification of an antibacterial compound from ferula persi-cavar. persica roots. DARU 2005; (13): 1.
- [18] Mozaffari B, Mansuri S H, Rajabalian S, Alimardani A, Mohamadi M. Compari-son of the antibacterial and cytotoxicity effects of persica and chlorhexidine mouthwashes in vitro. Dent J Shahid Beheshti University 2005; 23 (3): 494-509.
- [19] Atai Z, Abdollahi H, Naderipour S, Mohammadi S. Comparison of antifungal and antibacterial effects of Persica, Matrica and Iralwex with chlorhexidine mouthwashes (An in vitro study). J Dental School, Shahid Beheshti University of Medical Sciences 2007; 25 (1).
- [20] Noumi E, Snoussi M, Hajlaoui H, Valentin E, Bakhrouf A. Antifungal properties of *Salvadora persica* and *Juglans regia* L. extracts against oral *Candida* strains. Eur J Clin Microbiol Infect Dis 2010; 29(1): 81-8.
- [21] Fallahzadeh H, Moeintaghavi A, Foruzanmehr M. Clinical comparison of Persica and Chlorhexidine mouthrinses using Meta-analysis technique. J Islamic Dent As-soc 2006; 18(1): 62-72. (Persian)
- [22] Paknejad M, Jafarzadeh TS, Shamloo A. Comparison of the efficacy of Matrica and 0.2% chlorhexidine mouthwashes on 3-6 mm pockets in patients with chronic periodontitis. JID Islamic Dental Assoc Iran 2006; 18 (3): 92-7.
- [23] Salehi P, Kohanteb G, Momeni Danaei Sh, Vahedi R. Comparison of the antibacte-rial effects of Persica and Matrica, two herbal mouthwashes with chlorhexidine mouthwash. Shiraz Univ. Dental J 2005; 6 (1,2): 63-72.
- [24] Silness J, Loe H. Periodontal disease index. Ann Periodontol. 1964;4:655-69.
- [25] Turskey S, Gilmore ND, Glickman I. Reduced plaque formation by the chlor-methyl analogue of Vit. C. J Periodontol. 1970;41(1):41-3.
- [26] Gupta Dev Anand, Bhaskar Dara John, Gupta Rajendra Kumar. Contemporary and Alternative Dentistry: Ayurveda in Dentistry. Lap Lambert Academic Pub-lishing; 2013.
- [27] Becerik, S., Turkodlu, O., Emingil, G., Vural, C., Ozdemir, G., Atilla, G Antimicro-bial effect of adjunctive use of chlorhexidine mouthrinse in untreated gingivitis: a randomized, placebo- controlled study. APMIS. 2011; 119: 364-372.
- [28] Corbet EF, Tam JO, Zee KY, Wong MC, Lo EC, Mombelli AW, Lang NP. Thera-peutic effects of supervised chlorhexidine mouthrinses on untreated gingivitis. Oral Dis. 1997 ;3 (1):9-18.
- [29] Bajaj N, Tandon S. The effect of Triphala and Chlorhexidine mouthwash on dental plaque, gingival inflammation and microbial growth. Int J Ayurveda Res. 2011;2(1): 29-36.
- [30] Jajarm HH, Jahanbin A, Mokhber N, Gooyandeh S, Mansourian A, Beitollahi JM. Effects of persica mouthwash on oral microbiota of cleft lip and palate patients during fixed orthodontic treatment. J Applied Sci 2009; 9(8): 1593-6.
- [31] Haffajee AD, Yaskell T, Socransky SS. Antimicrobial effectiveness of an herbal mouthrinse compared with an essential oil and a chlorhexidine mouthrinse. J Am Dent Assoc 2008; 139(5): 606-11.
- [32] Sofrata A, Lingstrom P, Baljoon M, Gustafsson A. The effect of miswak extract on plaque pH. An in vivo study. Caries Res 2007; 41(6): 451-4.
- [33] Sofrata AH, Claesson RL, Lingstrom PK, Gustafsson AK. Strong antibacterial effect of miswak against oral microorganisms associated with periodontitis and caries. J Periodontol 2008; 79(8): 1474-9.
- [34] Abd El Rahman HF, Skaug N, Francis GW. In vitro antimicrobial effects of crude miswak extracts on oral pathogens. Saudi Dent J 2002; 14(1): 26-32.
- [35] Khalessi AM, Pack AR, Thomson WM, Tompkins GR. An in vivo study of the plaque control efficacy of Persica: A commercially available herbal mouthwash containing extracts of *Salvadora persica*. Int Dent J 2004; 54(5): 279-83.
- [36] Mcpherson RA, Pincus MR. Henry's clinical diagnosis and management by labora-tory methods. 21st ed.Philadelphia: W.B. Saunders Co; 2007. P. 1049-50.